## TOWN OF AMHERST APPLICATION FOR WEEKDAY OPERATION OF COIN-OPERATED AMUSEMENT DEVICE LICENSE

DATE:	ESTABLISHMENT:	
ADDRESS:		
# OF MACHINES:	CONTACT:	TELEPHONE:
List the name and manufa	cturer of each machine to be lice	ensed on the attached form.
	If any machines are replaced d	val of the Zoning Board of Appeals. Give ZBA uring the license year, they must be reported to
The following criteria ma	y be used in evaluating each app	lication.
offensive structures a 4. Substantial inconven 5. Facility adequate and 6. Protection to adjoining You will be notified of a light	sisting uses.  e due to air and water pollution, nd accessories.  dence or hazard to abutters, vehic appropriate for the proper operate premises against possible detressering date and expected to be premised.	· •
Sundays, please complete	the Town and State applications please read and certify your und	you wish to operate your machine(s) on s for Sunday operation. If your machine(s) is erstanding of the following statement by
I certify that the coin-ope Sundays.	rated amusement devices license	d via this application are not in operation on
		X Signature of Applicant
		Signature of Applicant

☆ Please return this application to the <u>Select Board's Office</u>, 4 Boltwood Avenue, Amherst, MA 01002

## CLASSIFICATION OF COIN-OPERATED AMUSEMENT DEVICES (Attach extra sheets if needed.)

ESTABLISHMENT:	
GROUP 1: Electronic Gun or Target Games  Machine Name	<u>Manufacturer</u>
GROUP 2: Coin-operated Pin Ball Games	
Machine Name	<u>Manufacturer</u>
GROUP 3: Simulated Sport Games, e.g., baseball, hockey, etc.  Machine Name	<u>Manufacturer</u>
GROUP 4: Coin-operated Skeeball Games  Machine Name	<u>Manufacturer</u>

Machine Name	Manufacturer
GROUP 6: Coin-operated Simulated Driving and/or Racing Games  Machine Name	<u>Manufacture</u>
GROUP 7: Coin-operated Video Games  Machine Name	<u>Manufacturer</u>
Juke Box: Machine Name	<u>Manufacturer</u>
Pool Table: Machine Name	<u>Manufacturer</u>